



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

Division of Child Support Enforcement

This form is used to change names, addresses and update account information. Please complete all information to assist us in accurately updating your account. ***PLEASE PRINT ALL INFORMATION.***

Current Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's Lic.# \_\_\_\_\_

Previous: \_\_\_\_\_  
Soc. Sec.: \_\_\_\_\_  
State: \_\_\_\_\_

Current Address:

\_\_\_\_\_

Street

\_\_\_\_\_

Development or Apartment Complex

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Previous Address:

\_\_\_\_\_  
\_\_\_\_\_

Absent Parent:

\_\_\_\_\_

Soc. Sec.#

\_\_\_\_\_

Employer:

\_\_\_\_\_

Children Support is Being Paid For:

\_\_\_\_\_

Name and Date of Birth

\_\_\_\_\_

Name and Date of Birth

Declaration: I declare under the penalties of perjury that the information given by me on this form is true and complete to the best of my knowledge.

\_\_\_\_\_

Signature

Case#: \_\_\_\_\_

\_\_\_\_\_

Date

MCI#: \_\_\_\_\_